

FEE: \$10

NON-REFUNDABLE

Payable to:
Maine State Treasurer

AGENCY RECORD MODIFICATION

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION

MAILING ADDRESS:

MAINE REAL ESTATE COMMISSION

35 STATE HOUSE STATION, AUGUSTA ME 04333-0035

PH 207 624-8518 FAX 207 624-8637 HEARING IMPAIRED 888-577-6690

INTERNET WWW.MAINEPROFESSIONALREG.ORG

FOR MREC OFFICE USE ONLY

CHECK NO _____

AMT _____

CASH NO _____

APPRVL DATE _____

APPROVED BY _____

INSTRUCTIONS Follow directions carefully. Incomplete applications will be returned.

- Complete Part One in full.
- Check and complete all sections of Part Two that describe the changes to be made to the agency license.
- A change of agency legal or trade name also requires filing Change of License applications for each affiliated licensee.
- A change of business entity type cannot be made with this application. Call the Commission for details.
- Enclose the current agency wall license and pocket card. Mail all materials to the address above.

AGENCY LICENSE TYPE (CHECK ONE)

- ☐ CORPORATION ☐ LIMITED LIABILITY COMPANY ☐ INDIVIDUAL PROPRIETORSHIP ☐ BRANCH OFFICE
☐ PARTNERSHIP ☐ LIMITED PARTNERSHIP ☐ ASSOCIATION

PART ONE - AGENCY INFORMATION AS CURRENTLY REGISTERED with MREC You must complete Part One.

1. Agency Legal Name _____
2. Agency Trade or DBA Name _____
3. Agency License No. (Example: AC90109999) _____ Expire Date ____/____/____
4. Current Designated Broker _____
5. Designated Broker License No. (Example: DB90109999) _____ Expire Date ____/____/____

PART TWO - MAKE THE FOLLOWING CHANGES TO THE AGENCY LICENSE

Check and complete all sections pertaining to the changes to be made.

1. ☐ CHANGE AGENCY LEGAL NAME TO: _____
2. ☐ CHANGE AGENCY TRADE NAME OR DBA TO: _____
3. ☐ APPOINT NEW DESIGNATED BROKER To be completed by agency owner or other authorized official.
I, _____ hereby appoint _____
Agency Owner or Authorized Official Printed Name of New Designated Broker
license no. _____ to act as designated broker of the above named agency.
License Number of New Designated Broker

Signature of Owner or Authorized Official Date _____
4. ☐ CHANGE AGENCY MAILING ADDRESS Street or P O Box _____
City _____ State _____ Zip _____ - _____
Phone ____/____--____ Fax ____/____--____ Email _____
5. ☐ CHANGE AGENCY PHYSICAL ADDRESS Street or P O Box _____
City _____ State _____ Zip _____ - _____
Phone ____/____--____ Fax ____/____--____ Email _____

CHANGE(S) REGISTERED ON THIS APPLICATION ARE TO BE CONSIDERED EFFECTIVE: Check One

- ☐ On M/____D/____Y/____ OR ☐ Immediately upon receipt of this application by the MREC

DESIGNATED BROKER'S SWORN STATEMENT AND NOTARIZED SIGNATURE

I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief.

Designated Broker's Signature _____

NOTARY: The above named personally appeared before me and being duly sworn according to law deposes and says that the information above set forth is true to the best of his/her knowledge and belief and that this application is made for the purpose of inducing issuance of the license requested.

Sworn and subscribed to before me at (city) _____ this _____ day of _____, 20____

Signature of Notary Public _____ Term of Commission _____